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EXHIBIT B

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OHIO EASTERN DIVISION

ALISON O'DONNELL,

Plaintiff,

VS.

CASE NO. 1:16-cv-2480 JUDGE DONALD C. NUGENT

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UNIVERSITY HOSPITALS HEALTH SYSTEM, et al.,

Defendants.

Deposition of DR. PAUL MINNILLO, taken as if upon cross-examination before Sarah Lane, a Notary Public within and for the State of Ohio, at The Spitz Law Firm, 25200 Chagrin Boulevard, Beachwood, Ohio at 8:06 a.m. on Tuesday, October 10, 2017, pursuant to notice and/or stipulations of counsel, on behalf of the Plaintiff in this cause.

> Stevenson Reporting Service, Inc. 2197 Macon Court Westlake, Ohio 44145 440.892.8600 diane@nls.net

85 don't know what Lexapro does, but I guess I look at 1 2 it and I think if I'm going to see a physician and 3 that physician were to be on some psychiatric medicine or who knows what medicine, I guess, I would say I hope UH would at least know because, to me, how am I going to know if that doctor's able 7 treat me appropriately? 8 That's why it's contingent. You mentioned Lexapro, 9 but Klonopin is a Schedule II. That's something to 10:04 10 pay attention to. Is there need to inform? 11 don't know, but some of the physicians who are on 12 medication, like bipolar disorder, they do need to 13 inform because I've worked with them through the 14 I think it depends on maybe, check with 15 Adan, their diagnosis and what medicine it is. What's a Schedule II? 16 Q. 17 Schedule II is drugs that have a highly Α. 18 addictive -- high -- like amphetamines or 19 benzodiazapine or things like that. 10:05 20 0. Okay. 21 Α. High addiction rate. 22 Now, you said when you were asked about the work 0. restrictions, you were asked by Mr. Bean, you said 23 24 that if she would have raised something you would have sent a letter or put a letter. 25

86 Absolutely, yes. 1 Α. Can we assume that your records would mention a 3 letter or they'd be in the file if you sent one? Yes. A. So from looking at your records, was there any letter sent to any of her employers? 7 No. Α. Q. By you? 9 Α. No. 10:05 10 And, I guess, when I look at it, if we look at a few of the different things in here as to work, the 11 only things that I see at work -- and, I guess, 12 let's go through some of them as to work. 13 I see October 13, 2010, and my quote is, 14 "Positive feedback, although still described quiet 15 16 at work." Do you see that? 17 Α. Yes. And I assume that aside from your note -- and 18 Q. 19 that's actually Adan as to that? 10:06 20 Yes. Α. 21 So you can't give us anything more as to that. Q. Then December 8, 2010, and this is you, and there 2.2 23 you have, "Doing well at work." 24 Do you see that quote, December 8, 2010? 25 Yes, yes. Α.

87 February 9, 2011, and it says, "Recognizes the 1 positive feedback she receives at work." Do you see that? 3 4 Α. Yes. And then September 6, 2011, which is, I believe, 5 our -- close to our last -- or September 6, 2011, that's actually Adan again, and that's where she 7 says, "Much less anxious in social situations, able to be social." But that wasn't your record, right? 10:07 10 Α. Right. Okay. And you're welcome to look through it, but 11 Q. what I see on here throughout all of your records, 12 39 meetings with her, I don't see anything where 13 she is reporting to you, at least -- well, let me 14 take a step back. 15 On your notes -- obviously, when you say 45- to 16 50-minute individual psychotherapy and you only 17 have three lines, presumably you guys talked about 18 a lot more, right? 19 10:07 20 Α. Yeah. What do you typically take from that conversation 21 Q. and put into the notes? 22 And you'll notice the difference between 23 Α. myself and the psychiatrist. Their data points 24 more to bits of information: Boom, boom, boom, 25

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Visitation Notes
for
ALLISON MATTHEWS
3453772

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7/7/09

90801. Initial evaluation

Allison is a 30 yo AA female physician single with no children, self referred (my web site) for anxiety

Present Problem: Allison has always been shy with poor self esteem. She constantly compared self to others, believes that is she not enough not matter what she accomplishes and has difficulties to assert herself and speak out. She is a "people pleaser". She experiences physical symptoms of anxiety around social situations (heart racing, sweating, speaking fast, poor concentration, mond going blank, jittery) and has anticipatory anxiety. Her condition is getting worst and she has consequences both professionally (people do not know how much she knows, refuses and avoids promotions,...) and personally (avoids social situations, no dating never been in a bar but once,...). All of theses is coloring negatively her mood, she gets sad and frustrated, feeling she is missing out of life. She frequently feels guilty and feels she is not doing enough. No compulsions or obsessions. No anhedonia. No problem with temper or anger. No signs of mania or hypomania.

Past HX

She tried a few years ago zoloft 50 mg with good results with weight gain. No hx od SA. No CD. No Admissions, no hs of counseling,

Family HX, "my dad is a little shy but is ok wiht it" No CD No SA. No mood disorder Social/occupational HX

She grew up in Michigan, raised by bilogival parents. Dad os a cardiologist> Mom is a Physical therapist and stopped working when Allsion was 3. Her younger sister is in med School is Cincinatti. No historo of trauma, abuse or bullied. No legal problems. Good student. Graduated HS. Under Grad in Michigan (biology) Master in genetics and medical school. Just finished resiedency at CCF in pediatrics, will start a fellowship at UH next year in peds encorinology. Will work in ED (Hillcrest) until then. No dating, last relationship was 2 years ago, woul love one. "Vaguley Christian". No smoking. Less then a coup of coffee a week. 3 drinks a year.

Hobbles: horse riding, owes one in metor and figure skating, used to compete Few friends. Exercising regularly with personal trainer 3/week.

Medical hx: 160 lbs 5.5 F. NKDA. No meds currently. Takes MVI, CA, Fish oll. No history of cardiac condition, seizures or endocrinologic problems, menses are regular. No OBC (not sex active)

Mental Status exam: Alert, oriented times 4. Nicely dressed, appearing her age. Anxious, speaking fast and sweating profusely. Above overage IQ. Motivated and invested, good eye contact. No psychotic sx. no racing thoughts. No SI/HI. Good judgement and Insight.

Target SX: Anxiety, disconfort in social situations, avoidance of social situations and poor self esteem

IMP:Social Anxiety Disorder

Rec: Will start Lexapro 2.5mg for 5 days increase to 5 mg for 7 days followed by 10 mg daily after that. Discussed side effects, alternatives, risks and benefits. Review relaxations techniques, positive affirmations and benebits of CBT. Will continue with exercise. Will check labs (including TSH). Follow in 3-4 weeks. Gave email and cell phone info for ? and emergencies. Lexapro10mg 30 and 1 ref. Françoise Adan MD

7/13/09

email note 7/13/09

patient reports some increase anxiety since started lexapro. I reccomended to lower the dose and



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switch to the morning. Labs showed low vit D and high creatinine, I recommend f/u with PCP.Francoise Adan

7/28/09

90805 30 min for med check and psychotherapy

Reports feeling better, taking 10 mf lexapro, the side effects subsided.

Will start to work in 2 weeks

Exercises regularly, rides her horse when she can.

Started vit d3 5000UI and I recommended f/u with pcp for elevated creatinine Feels less anxious. Feels less avoidant, thinking about social interections.

Morning are better then evenings.

NO SI or no HI

NO CD issues

NO new med problems

Future oriented

IMP. Social Snxiety Disorder

PLAN Lexapro 10 mg referred to CBT

Discussed breathing techniques and relaxations techniques

exercise vit d3

f/u with pcp

reviewed side effects/risks an alternatives

Francoise Adan MD

8/4/09

300.23 - 90801 Initial Evaluation, 50 minutes.

Talked about the symptoms, process and evolution of her social anxiety (see above notes), the fears and worries assiciated with engagement with others and the world, and the ways her defenses, particularly avoidance, serve both as protection and barrier. We talked about ways therapy can help with exposure, cognitive restructuring, mindfulness, CBT strategies, and enhancing her self-esteem.

Follow up in 2 weeks. P.Minnillo, Ph.D.

8/18/09

90805

Improving, feels medications is helping. Started CBT and "feels it is going to happen".

Exercises and feels beeter after that

Sitil anxious in social situations and has avoidance

Looking at job offers, will start in Sept

discussed and practiced breathing exercise and mindfullness techniques

No Cd issues no SI no HI

IMP

Social anxlety ds

PLAN Same plan

lexapro 10 mg 30 and 2 ref

add klonopin 0.5 1/2 to one po bid prn 30 w no refi; discussed side effects/alternatives/risks/benefits

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f/u on 4 weeks CBT Francoise adan MD

8/18/09 90806 45-50 Min Individual Psychotherapy

Talked through her hierarchy of anxiety and set short-term goal of recognizing and recording her automatic thoughts, looking over ways to refute them, and how they inform her belief system. Follow

up in 2 weeks. P.Minnillo, Ph.D.

9/1/09 90806 45-50 Min Individual Psychotherapy

Talked about how she greatly benefits from her striving towards perfection. She is still within the precontemplation/comtemplation stages, but will continue to work on recognizing and taking note of the ways she benefits and stays safe with her struggle. Follow up in 2 weeks. P.Minnillo, Ph.D.

9/17/09 90805 med check and brief psychotherapy

better, feels less anxious when talks to others, still residual anxiety and anticipatory anxiety, some

avoidance

mom give positive feedback

preparing to start to work but taking advantage of her free time as well

never anxiety free attempted to exercise CBT w dr Minillo

getting insight about cognitive distorsions practices breathing and mindfulness techniques

denies side effects takes vit D

IMP

Social Anxiety Ds

Plan

reviewed side effects/alternatives/risks/benefits

discussed mind/body connection

discussed breathing and mindfulness techniques

reviewed d3 regimen and will repeat bllod work

CBT

exercise

encourage pt to increase social acitivities and pariticipation

f adan Md

klonopin prn (has only taken 3 since last visit)

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9/17/09

90806 45-50 Min Individual Psychotherapy

Talked through her 'Impact statement' related to her perfectionism, how it has interfered with her desire to live a balanced life with the ability to engage with others socially and manage to tolerate her mood and anxiety better. Follow up in 2 weeks. P.Minnillo, Ph.D.

9/28/09

90806 45-50 Min Individual Psychotherapy

Talked about her success with 'going outside the lines' with drawing, parking, and wearing different colored socks. Will continue to work through her hierarchy of fears/anxiety, next session will report back how eating in public went. Follow up in 2 weeks. P.Minnillo, Ph.D.

10/12/09

90806 45-50 Min Individual Psychotherapy

Talked through her 'eating in public' homework and how she succeeded in being able to engage and complete the activity. Talked through the origin of her struggle with food, restricting, and how this impacts and relates to her striving towards perfection. Next assignment will be to go eat in public together for 20 minutes. Will call with her availability. P.Minnillo, Ph.D.

10/26/09

90806 45-50 Min Individual Psychotherapy

Talked through her previous homework. Made important breakthrough in admitting she felt irritated with me for not recognizing the efforts involved in coming in and working on making the changes she would like to see. Continues to struggle with her rigid beliefs of wanting to be perfect and pleasing others as the means of self-sufficiency. Follow up in 2 days. P.Minnillo, Ph.D.

10/28/09

90808 75 Min Individual Psychotherapy

Went to conduct en vivo exposure therapy at the cafeteria with Allison. She and I continue to work through her hierarchy of anxlety, level 5/10 eating in public. We ate for over 30 minutes with discussion of anticipatory anxlety, the experience, as well as recap last session. Follow up in 2 weeks. P.Minnillo, Ph.D.

11/9/09

90806 45-50 Min Individual Psychotherapy

Reviewed pt's reaction to exposure therapy. States that it felt good to confront situations of moderate anxiety - eating in public. Agreed to continue once a week and journal. Talked about her lack of assertiveness in situations that she wishes she acted differently. Explored alternatives and 'lessons' to take forward. Follow up in 2 weeks, P.Minnillo, Ph.D.

11/9/09

90805 for med check and brief psycho-30 min

Partial results, still anxiety Started to work

Counseling ungoing Sx are still better but much less, manages it better

denies side effects from meds takes klonopin before therapy

Sitil limited social life and impairement secondary to anxiety in personal and prof life

MP

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Social phobia

vut D 36 (recommend MVI)

PLAN Increase lexapro to 15 mg to 20 mg 30 2 refl CBT K for severe anxiety discused side effects/alternatives/risks/benefits

11/24/09 90806 45-50 Min Individual Psychotherapy

Talked through her sense of therapy minimally working, but that she has much more to go. Talked through her life 'shoulds' and 'basic rights' as a person to get a better gauge of her self-esteem. Talked about how mom has been verbally abusive and the toll its taken. Follow up in 2 weeks.

P.Minnillo, Ph.D.

12/8/09 90806 45-50 Min Individual Psychotherapy

Talked about steering therapy into the direction towards her unhealthy attachment towards mom. Recognizes that mom is both the most important person in her life and the most damaging. Began to

unpack her decision-making, costs and benefits of change, P.Minnillo, Ph.D.

12/21/09 90806 45-50 Min Individual Psychotherapy

Talked about her recognition of progress being made slowly, but was quick to point out that she has a 'long way to go'. Talked about the benefits of journaling so she can recognize and have concrete data

of when she is able to confront her social anxiety successfully. P.Minnillo, Ph.D.

1/5/10 90806 45-50 Min Individual Psychotherapy

Very good work. Talked through her thought record and how she gained a valuable insight into her relationship with mom. She came to understand that mom's way of showing that she cares can be interpreted as overbearing and controling. We also processed 2 weeks of thought records including situations that caused discomfort, emotional reaction, and way she coped/alternatives. Doing better

job at catching maladaptive cognitions. P.Minnillo, Ph.D.

1/5/10 90805 30 mln med check and brief pscyho

better since increased the lexapro to 20 mg

takes klonopin about 2/month practicing CBT, found very helpful

still plenty of residual anxiety but resistant of increase the meds

no cd issues

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enjoying her work, working PT in the evening and will extend her work in the summer limited social life, still some avoindance no si no hi no side effects practices tension release exercise

IMP Social anx ds

PLAN
CBT
encourage pt to increase the meds but pt prefers to wait
relaxations techniques
lexapro 20 30 one ref
f/u in 4-6 weeks
fadan md

1/20/10 90806 45-50 Min Individual Psychotherapy

Practiced 'stream of consciousness' exercise and free association to allow herself to tolerate discomfort in the moment. Shared anxiety levels being around 8.5 yet recognizing her ability to tolerate significant distress. Went through 'top 10 commandments' of her life and highlighted areas in which were helpful or not helpful in working towards her goals in therapy. P.Minnillo, Ph.D.

2/1/10 90806 45-50 Min Individual Psychotherapy

Good work. Processed that working hard to achieve her moms goals, in the long and short term, wont make her happy. Talked about ways she could positively reinforce her efforts as to take advantage of her hard work more positively. P.Minnillo, Ph.D.

2/15/10 90806 45-50 Min Individual Psychotherapy

Talked through her anger and feeling rejected last session when I challenged her to take ownership of the direction of our therapy. We highlighted the important insights she made regarding the futility of finding happiness while striving towards moms goals. We also talked through the progress she has made in the very ability to share her anger and frustrations with me. She left not feeling abandoned, but that we were able to talk through misunderstandings by her facing her fears and processessing them in therapy. Good work, P.Minnillo, Ph.D.

2/15/10 90805 30 min for med check and brief psycho

working and likes it therapy ongoing wir minillo anxiety is better still residual sy but notices some in

anxiety is better, still residual sx but notices some improvement

no side effects

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benefits from increase of medications healthy and no new med problems takes klonopin prn, when has cbt

discussed the pro and cons of increase medication, pt is hesitant altough i support the increase since sx are still present

pt is incredibly resilent and is facing her feas despite a great level of anxiety (: I able to talk to someone in the line of groceries store...for the first time!)

consider meditation, not fitting her schedule right now.

IMP social anxiety ds PLAN same plan for now meditation class to consider f/u in 4-6 weeks to consider increase of meds fadanmd

2/17/10 faxed to the Drug Store 800-373-6013 Lexapro 20mg 1/g #30 DAW 1 refill. Per Dr Adan/mpollack

3/2/10 90806 45-50 Min Individual Psychotherapy

Good work. Did priority/values exercise - ranked family, love, happiness, and friends 1-4 as most important. Will journal about key insight that if she was perfect, then she would be lovable or that if she found herself lovable, then she wouldn't need to be perfect. Follow up in 2 weeks. P.Minnillo, Ph.D.

3/16/10 90806 45-50 Min Individual Psychotherapy

Did good work around her low-self esteem impacts, seems to prohibit her from opening herself up to new relationships for fear of rejection. We discussed focusing the next couple sessions on self-acceptance and being non-judgmental towards her shyness and uncomfort around others. Homework is to identify 7 positive characteristics of self. P.Minnillo, Ph.D.

3/30/10 90806 45-50 Min Individual Psychotherapy

300.02 - Talked about how she teels guilt about sticking up for herself and how she feels the tension between legitimizing her right to be assertive and have healthy boundaries and to 'bully' herself in response. Good work in gaining insight, will continue to actively work on refuting unhealthy thought processes that feed into her emotions, particularly guilt. P.Minnillo, Ph.D.

4/12/10 90806 45-50 Min Individual Psychotherapy

Pt. recognized her resistance to processing her struggle with medical school which she describes as 'hell' and other powerfully negative descriptors. She realizes that she focused her anxiety in areas she could be successful while getting herself off the hook for relationship work as she was always able to be busy in med school. P.Minnillo, Ph.D.

faxed to THE Drug Store Lexapro 20mg 1/d #30 1 refill per Dr Adan/mpollack

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4/22/10

4/26/10 90805 med check and brief psycho

COntinues to slowly improve

working really hard in therapy and making progress

residual anxiety

attenting meitation clas, very stressful but finds the techniques helfpu;

denies SE

Takes Klonopin vary rarely

Will start fellowship in July 3 years, likes her work in ER Still severe social nxiety, disabling...limited social life

IMP

salcal anxiety

PLNA

klonopin prn

reviewed side effects /alaternatives/risks/beneifts increase lexapro to 30 mg 45 and 135tablets

fadan md

4/26/10 90806 45-50 MIN INDIVIDUAL PSYCHOTHERAPY

Talked about feeling frustrated by my process statement that I often lead conversations when it could be helpful for her to inform therapy as to what is more helpful to disuss. Worked through in session, was helpful for her to express negative feelings and trusting it being ok. Will work on not being as

harsh and critical on herself. P.Minnillo, Ph.D.

5/10/10 90806 45-50 MIN INDIVIDUAL PSYCHOTHERAPY

Pt came in and talked through her fooling about 150%, where she would like and happy with the progress

alternatives, talked through her feeling about '50%' where she would like and happy with the progress she has made. Next assignment is to focus on positive aspects of herself. P.Minnillo, Ph.D.

5/21/10

I have been on the increased dosage (30mg) of Lexapro for approximately 3 weeks. I have not noticed

a significant reduction in my anxiety; however, I have noticed decreased energy and lack of

motivation. Do you think I still need time to adjust to the dosage change, or should I go back to 20mg?

Thanks,

Allison Matthews

p/20 mg fadan md

5/26/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN

Pt. talked through the positive attributes exercise. Recognizing that she has strong defenses that

protect her from closeness and intimacy with others. That tension seems to work against her goal by

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protecting her from rejection and general uncomfortableness. Recognizes that in order for her to make substantial progress, she will have to address her defense and avoidance strategies. P.Minnillo, Ph.D.

6/8/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN

Pt talked about our sessions being simultaneously enlightening and frustrating in response to increased understanding about the basis of her behavior but stating she lacks understanding on how to change this. We went deeper here and realized that she does know what would be helpful to change, but that it would be tremendously anxiety provoking as it would be scary. P.Minnillo, Ph.D.

6/21/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN

Discussed her homework on processing reactions she has towards others and her emotional reactivity. Stated that she struggled similarly with most people she encountered, while recognizing that at the level of cognition, this should not be the case. Continues to explore the benefits of avoidance, especially protection from intimacy which is terrifying to her. P.Minnillo, Ph.D.

6/30/10 90805 med check and brief psycho

Doing 50 % better since beginning of RX Still residual sx and hesitant about taking klonopin reviewed inortance of self care, obt and alternatives meds

pt prefers to stay with what is for no

discussed breathing techinques and benefits of meditation and exercise

will start fellowship tomorrow

encouraged her to increase her support and pursue cbt even her schedule will be full

IMP?plan

reviewed plan and recommendations / same as last visit

fadan md

6/30/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN

Talked about beginning the process of moving towards activities that will allow her the opportunity for joy while minimizing the time spent on being critical and negative towards self. Will confront fears of going to orientation and journal how her experience compared to her level of fear. P.Minnillo, Ph.D.

7/19/10 90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN

Pt dalked about ways she could continue to build upon her successful confrontation and working through of an anticipated stressor linked to irrational fear. Came up with the thought of exploring creativity and how that may loosen her wish for perfectionism as well as confront her inner voice of judgement. P.Minnillo, Ph.D.

landament Livinimo' Livo'

7/28/10 90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN

Talked through her new insight into perceiving herself as being impatient. Is becoming aware that her constant striving to do more things may be loading into her anxiety, not just the perception of relieving it. Discussed practical ways to test her impatience by recognition and awareness into recognizing

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early and more often. P.Minnillo, Ph.D.

8/18/10

90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN

Pt discussed her struggle with making behavioral and cognitive adjustments towards acceptance for fears of loosing control or not being able to manage the consequences of accepting all things are not in her control. P.Minnillo, Ph.D.

9/1/10

90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN

Talked about the pros/cons of her anticipatory anxiety and how she stands to gain via motivation and action, yet she is beginning to question the viability or necessity of her worry. She believes she can function as well, perhaps better without it. Will work on concrete ways to attempt to dilute its potency.

P.Minnillo, Ph.D.

9/24/10

90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN

Patient is doing better, less anxiety, but feels 'room to go'. Talked about cultivation of three goals: working on ways to enjoy herself and have fun, read homework 'revenge of the introvert', and

beginning to journal activities that impact her anxiety levels. P.Minnillo, Ph.D.

9/28/10

90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN

Started to concretize plan for working on both acceptance of aspects of her person that are relatively stable/tempermental and those aspects she would like to continue to work on as it relates to managing

her anxieties around people. P.Minnillo, Ph.D.

10/13/10

90805 med check and brief psycho 30 min

Doing better

Working and a little bit more social

Residual sx on anxiety

Stressed by work's responsabilties and demands Exercising 4 times a week therapy ongoing w benefits Positive feedback anough still described quiet at work

takes klonopin once a week

no or little etch

IMP

Social anxiety ds

increase frequence of klonopin and leave lexapro CBT and same recommendations

t/u in 8 weeks fadan md

10/13/10

pt signed private pay acknowledgement /ksealey

10/29/10

90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN

Went over euogy written last year to gague the progression of her ability to manage anxiety, be more

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resourceful in coping, and cultivate relationships that are editying. Work continuing on not needing to have 'theory' or 'structure' to provide her relief in session. P.Minnillo, Ph.D.

12/8/10

90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN

Pt recognizes that she is doing much better - less anxious, less criticism, doing well at work, but recognizing the benefit of balance and will be moving to reduce some of her work time and use it for her personal/leasure time. P.Minnillo, Ph.D.

12/22/10

90806: INDIVIDUAL PSYCHOTHERAPY, 45-50 MIN

Talked about her progress and how she would like to manage her anxiety while preserving the benefit of planning and preparation. Will consider alternatives to 'productivity' as priority including time for self and being more in the moment. P.Minnillo, Ph.D.

2/8/11

90805 med check and brief psycho-

Doing OK

Still residual anxiety, denies any specific triggers

Denies SI or HI Denies SE

Lexapro 20 mg and uses klonopin about once a week Exercising, horse riding, figure skating, started yoga

Planning, hoping to go to Nationals for skaing in the adult category next year!

Social life has improved as well, no dating

Denies CD

No new med issues

IMP

Social phobia

PLAN

reviewed se r b a

discussed alternatives as neurontin

enxoruage pt to exercise and rpactice relaxation techinques

support of to use klonopin more fequently

therapy

lexapro 20 mg for now as pt is reluctant to introduce a change and has improved

fadan md

2/9/11

90806: INDIVIDUAL PSYCHOTHERAPY, 45-50 MIN

Met with patient to work on ways she can validate the good work she is doing at work with patients, recognize the positive feedback she receives at work, and the intrensic motivation of a job well done. This process would be in the service of practicing the refuting of her negative self-talk and gain greater perspective to the whole of her experience. P.Minnillo, Ph.D.

2/28/11

90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN

Met with pt to discuss a plan for her to confront her fear of failure in a way that offers the opportunity to not be on and space to explore not being perfect. She chose to allow herself to sleep in for 30

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minutes longer in the morning as she recognizes the benefits of rest as important for the demands of her life. P.Minnillo, Ph.D.

3/30/11

90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN

Met with patient to talk through her understanding of how her anxiety has changed over the course of the last month. She seems to be able to cope more effectively with stress and doesn't express that her daily activities are overwhelming. She took the burnout assessment and scored low highlighting her resolve and capability to endure and perform despite her struggle. P.Minnillo, Ph.D.

4/28/11

90805 med check and brief psyco

30 in Doing well No CX Working

Healhty, no new meds

Denies SI or HI Denies SE

Feels benefits from meds Therapy ongoing w benefits

Takes klonopin prn for presentation and when comes for therapy

Not exercising regularly

Socializing a little more, it is easier to talk to people

IMP

Social Phobia

PLAN (exapro 20 90 3 r klonopin .5 30 no r

CBT

LABs, request given to pt

reviewed se r b a

fadn md

5/3/11

90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN

Continuing to do well. Shared that she is feeling less crippled by anxiety/worry. Willing to spend time logging the ways she appreciates the good in life and gratitude for her hard work in response to mitigating her anxiety in an alternative fashion. P.Minnillo, Ph.D.

5/17/11

E-Rx to BioScript 800-677-5976 Lexapro 20mg 1/d #90 1rf per Dr Adan/mpollack

5/27/11

90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN

Met with pt to continue exploring her guilt and selfish feelings to deconstruct according to the situation and how her feelings arent factual assessments, but rather a product of her tendency to misinterpret and make decisions to feel better and be liked by others. P.Minnillo, Ph.D.

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Division of Ambulatory Care Department of Psychiatry

University Hospitals of Cleveland Case Western Reserve University 11400 Euclid Avenue Cleveland, Ohio 44106

216-844-2400 **Visitation Notes**

for

ALLISON MATTHEWS 3453772

9/6/11

90805 med check and brief psycho 30 min

Doing OK

NO new meds/ tales lexapro 20 mg She feels anxiety is much better

Much less anxious in social situation and able to be social

Denies SE Denies SI or HI exercising daily

Takes klonopin when needs to present or when anxlety is severe (3 in one months)

Therapy not as regular, not in 3 months, practices CBT on her own

Planning for a vacation next week

Working, busy, stressful started to date/boy friend for 6 m

social phobia

PLAN lexapro 20 mg 30 5

klonopin .5 prn 30

CBT

labs/ did not do since last visit " forgot"

exercise and healthy dicet

reviewed se rb a

fadan md

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University Hospitals of Cleveland
Case Western Reserve University
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216-844-2400 Visit Information for ALLISON MATTHEWS 3453772

Visit Date Visit Number	7/7/2009	7/7/2009	7/28/2009 3	8/18/2009 4	8/18/2009 5	9/17/2009
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Case Western Reserve University
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for ALLISON MATTHEWS 3453772

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Visit Information
for
ALLISON MATTHEWS

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Friday, May 01, 2015

Division of Ambulatory Care Department of Psychiatry

University Hospitals of Cleveland Case Western Reserve University 11400 Euclid Avenue Cleveland, Ohio 44106 216-844-2400 Visit Information

for ALLISON MATTHEWS 3453772

9/17/2009 7/28/2009 8/18/2009 8/18/2009 7/7/2009 7/7/2009 Visit Date 6 Visit Number 1 Lithium Dose Lithium Level Side Effect Side Effect **DVPX** Dose **DVPX** Level Side Effect Side Effect MoodStab MoodStab MoodStab MoodStab RATINGS 8 **QIDS** Rating 2 Rating 3 Rating 4 MISC. MEDS LEXAPRO 1 10mg/30 10mg/30 10mg/30 10mg/30 10mg/30 lexapro 0.5 0.5 0.5 klonopin drug 3 drug 4 drug 5 drug 6 drug 7 drug 8 drug 9 drug 10 drug 11 drug 12 drug 13 drug 14 drug 15 drug 16 drug 17 drug 18 drug 19 drug 20

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Friday, May 01, 2015

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Case Western Reserve University
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Visit Information

ALLISON MATTHEWS 3453772

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for ALLISON MATTHEWS 3453772

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